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## Indiana Professional Standards Board

Mitchell E. Daniels, Jr., Governor

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## SPONSOR APPLICATION For Certification Renewal Units (CRU)

FOR OFFICE USE ONLY BY THE IND	IANA PROFESS	SIONAL STANDAKI	JS BUARD	
Date received: Date	e reviewed:	_ Date Approved:		
Sponsor Number: Date Approval letter mailed:				
APPLICANT INFORMATION				
Name of organization:		_		
Address of organization: (number and street)	City	State	Zip Code	
Organization Phone Number: ( )	Organization Fa	Organization Fax Number: ( )		
Name of Sponsor:				
Email of Sponsor:				
Address of Sponsor: (number and street)	City	State	Zip Code	
Sponsor Phone Number: ( )	Sponsor Fax Number: ( )			
Please provide the following information for the individual responsible for program verification.				
Dr. Mr. Ms. Mrs.				
Signature of Authorized Representative (May not be a stamped signature)	Print Name of Authorized Representative			
Title of Authorized Representative	Date			
**Authorized representative is typically a superintendent, licensing advisor, director or president of the sponsoring organization.				
You MUST belong to one of the areas listed below to be an approved sponsor. Please check all that apply:				
Indiana professional educator organizationAn educational service center organized under IC 20-1-11.3A joint program organized under IC 20-5-11An inter-local agreement organized under IC 36-1-7Indiana State Board of Education through the Indiana Department of EducationAccredited college or universityA school corporation (combination of school corporations)				